

INJURY REPORT FORM

Name of person completing report form _____

Phone number _____

Date: _____

Name of Injured Party: _____ **Date of Injury:** _____

Address : _____

Time of Injury _____

Phone number _____

1. Describe nature and extent of injury (specific part of the body): _____

2. Describe how the injury occurred: _____

3. Describe first aid given: _____

4. Location of incident and conditions of area: _____

5. Notification of next of kin (specify time, person contacted and method): _____

6. Witnesses

a) Name _____
Address _____
Phone _____

b) Name _____
Address _____
Phone _____

Notes and Comments:

DIRECTIONS: Complete this form as much as possible. Contact a member of the Range Safety Committee (phone or email). Leave the form in the drop box at that back of the club house.